

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
40 Fountain Street, 1<sup>st</sup> Floor  
Providence, RI 02903 – 1854  
Office (401) 222-2203, Fax (401) 222-2430

## CHANGE OF INFORMATION FORM

**Instructions: Please use black ink and print clearly or type.**

### MEMBER INFORMATION (Must be completed in all cases)

SOCIAL SECURITY NUMBER

DATE (mm/dd/ccyy) OF BIRTH:

MEMBERSHIP STATUS: ☐ MEMBER ☐ BENEFIT RECIPIENT (RETIREE OR BENEFICIARY)

### NAME CHANGE/CORRECTION

ERSRI MEMBER FIRST NAME

MIDDLE INITIAL

LAST NAME

**NEW** FIRST NAME

MIDDLE INITIAL

**NEW** LAST NAME

EFFECTIVE DATE (mm/dd/ccyy) OF CHANGE: / /

### ADDRESS CHANGE/CORRECTION (new mailing address)

ADDRESS

HOME

TELEPHONE NO: ( )

ADDRESS

BUSINESS

TELEPHONE NO: ( )

CITY

STATE:

ZIP CODE

PROVINCE

COUNTRY

EFFECTIVE DATE (mm/dd/ccyy)

OF CHANGE: / /

E-MAIL

ADDRESS:

### MARITAL STATUS CHANGE/CORRECTION

MARITAL STATUS AND EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)

☐ MARRIED: / / ☐ DIVORCED: / / ☐ WIDOWED: / /

### MEMBER AUTHORIZATION

MEMBER's  
SIGNATURE:

DATE (mm/dd/ccyy)  
OF SIGNATURE:

/ /